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CONFIRMATION NO. 5485

SERIAL NUMBER 10/715,377	FILING OR 371(c) DATE 11/19/2003 RULE	CLASS 562 560	GROUP ART UNIT 1621	ATTORNEY DOCKET NO. 15014.0012
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/427,567 11/20/2002 and is a CIP of 10/025,947 12/26/2001
 which is a CON of 09/812,940 03/27/2001 ABN *PR*

**** FOREIGN APPLICATIONS *******
None *PM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 02/13/2004 **** SMALL ENTITY ****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY MD	SHEETS DRAWING 0	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 8
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ADDRESS
27890

TITLE
Treatment of lung cells with histone deacetylase inhibitors

FILING FEE RECEIVED 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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